Effective October 1, 2003 Page 09 5 8 753												
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE OR SMALL ENTITY												
TC	TAL CLAIMS	_					1	RATE	FEE	]	RATE	FEE
FO	R		NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	ОЯ	BASIC FEE	770.00
TO	TAL CHARGEA	BLE CLAIMS	33 minus 20=		•			XS 9=		OR	X\$18=	
INDEPENDENT CLAIMS			. minus 3 =		•		1	X43=		OR	X86=	<del>-</del>
		DENT CLAIM P		· · · · · ·				_		•		
• "	mo difference	in column 1 is i	ess than ze	ero, enter 10" in column 2			I	+145=		OR	+290=	
• If the difference in column 1 is less than zero, enter "O" in column 2								TOTAL	L	OR	TOTAL	7141
Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL!	
AMENDMĘNT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	est Ber Wsly	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
IDME	Total	. 4	Minus	-3	3	-10/2		X\$ 9=		OR	X\$18=	•
MEN	Independent	• 5	Minus	•••	<b>5</b>	<b>-</b> 0		X43=		OR	· X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	
2701							L	TOTAL DOT, FEE		OR	TOTAL ADDIT, FEE	
,1	3-2901	(Column 1)		(Colum	nn 2)	(Column 3)		COIL PEE			ADDII. FEE	
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		•	HIGH NUM PREVIO PAID	BER SUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		PATE	ADOI- TIONAL FEE
	Total	. 9	Minus	- 3	3	- 00		X\$ 9=		OR	X\$18=	
	Ind pendent	• 5	Minus	•••	2	- / /		X43-		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM .								+145=	•	OR	+290=	
							L	TOTAL DOIL FEE		ОR	TOTAL ADDIT, FEE	
		(Column 1)		(Cotur	nn: 2)	(Cotumn 3)			•	•		•
AMENDMENT C	`	CLAIMS REMAINING AFTER AMENDMENT	•	HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		•		X\$ 9=	•	OR	X\$18=	
	Independent	•	Minus	***		-		X43= ·		OR	X86≃	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	
• 1	If the many in column 1 is less than the entry in column 2, write "O" in column 3.     If the "Highest Number Previously Paid For" IN THOS SPACE is less than 20, enter "20."								•	OR	TOTAL	$\vdash \dashv$
** If the "Highest Number Previously Paid For" IN THIS SHACE is less than 20, enter "20."  ADDIT, FEE												
FOR	FORM PTO-675 (Rev. 1003) Pasers and Trademark Office, V.S. DEPARTMENT OF COMMERCE											